Clinical Laboratory Sample Tracking Chain of Custody Form

Pa	tient & Sam	ple Information				
Pa	ient Name					
Pa	ient ID					
Da	te of Birth					
Co	lection Date/	Time				
Sa	mple Type					
Sample ID/Barcode						
Tests Requested						
Сп	stody Reco	rd				
			T		T	
#	Date/Time	Person Releasing	Signature	Person Receiving	Signature	Purpose/Location
1						
2						
3						
3						
4						
5						
		I.				l .
Co	mments / S	pecial Instructions				
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